## **Reset PCT/FTO** 13 MAY 2005 **10/50**7072

Attorney Docket No. 0020-5292

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## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	PROCESSING METHOD	FOR INDIGO-	DYED CLOTH AND I	NDIGO-DYED CLOT	H PROCESSED BY SUCH A	A METHOD		
Fill in Appropriate			eto. If not attached here	to, the application is ic	dentified by the attorney docl	ket number as set		
Information -	forth above and/or the fo The specification wa	-	September 9. 2	2004		26		
For Use Without	United States Applie		10/507 0	7.2		;		
Specification	and amended on Septembe		10/507 .0	2004	(if applica	ble) and/or		
Attached:	are specification was inca on		June 5, 2002			as PCT		
•	International Application Number PCT/JE			5551		; and was		
	amended on				(i	f applicable)		
Insert Priority	amended by any amendra I acknowledge the Regulations, \$1.56.  I do not know and of thereof, or patented or dyear prior to this application, date of this application representative or assigns patent or inventor's certiapplication by me or my	nent referred to duty to disclos lo not believe the escribed in any tion, that the se that the invenit in any country more than twe ficate on this in legal representa gn priority bens sted below and f the application	above. e information which is e same was ever known printed publication in ame was not in public on has not been patent y foreign to the Unite live months (six month vention has been filed tives or assiens. excent	s material to patental n or used in the United any country before n use or on sale in the l ed or made the subject of States of America is for designs) prior to in any country foreigr as follows.	<u> </u>	37, Code of Federal e my or our invention eof or more than one a more than one year cate issued before the by me or my legal at no application for America prior to this plication(s) for patent or's certificate having iority Claimed		
Information:						Ü		
(if appropriate)	(Number)	(Country)		(Month/Day/Year	· Filed) Yes	No No		
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	(Number) (Country)			(Month/Day/Year	Filed) Yes	s No		
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	(Number)	(Country)		(Month/Day/Year		_		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date	of Filing (Month/Day/Year)	)		
Insert Requested Information: (if appropriate)				·				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S.						<del></del>		
Application(s): (if any)	(Application Number)		(Filing Date)	(Stat	us - patented, pending, aband	ioned)		
Page 1 of 2 (Rev. 05/2004)	(Application Number)	<del></del>	(Filing Date)	(Stat	us - patented, pending, aband	ioned)		

BEST AVAILABLE COPY

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business of the United States Patent and Trademark Office connected—therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application appears to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
Inventor   Inventor   Date This  Document is Signed	. Tatsuhiko NAKANO	THE TENT	50p.29/200					
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ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fifth Inventur, if any: " see abuve	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
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ull Name of Sixth Inventur, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
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\*DATE OF SIGNATURE